



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

MICHIGAN EMS COORDINATION COMMITTEE MEETING

Friday, January 15, 2021

9:30 a.m.

VIRTUAL ONLY via Microsoft Teams

[Click here to join the meeting](#)

1-248-509-0316 United States, Pontiac

Phone Conference ID: 274 532 874#

AGENDA

Call to Order: The meeting was called to order at 9:32 a.m. by Dr. Edwards.

Attendance: A. Abbas; Dr. C. Brent; D. Condino; R. Cronkright; K. Cummings; Dr. K.D. Edwards; Dr. M. Fill; D. Bunge for G. Flynn; B. Forbush; W. Hart; F. Jalloul; B. Kincaid; L. Martin; K. Miller; S. Myers; M. Nye; R. Ortiz; D. Pratt; A. Sledge; E. Smith; T. Sorensen; A. Sundberg; B. Trevithick; G. Wadaga; K. Wilkinson; Dr. S. Wise; Representative J. Yaroach.

Absent: C. Baker; J. Harvey; Senator McBroom; R. Smith; J. Wyatt.

BETP Representatives: K. Wahl; S. Kerr; E. Bergquist; N. Babb; E. Worden; K. Kuhl; T. Godde; J. Wagner; S. Mishra; L. Ryal; D. Flory; L. Bailey; L. Nelson; E. Hendy; T. Frascone; A. Pantaleo; S. Minaudo; K. Putman.

Guests: Chris Haney, Star EMS; Kevin Henderson, Washtenaw/Livingston MCA; Damon Gorelick, DEMCA; Bob Miljan, Wayne County MCA (HEMS); Erik Lyons, Lansing Community College; Angela Madden, MAAS; Luke Bowen, Macomb County MCA; Carol Robinet, Superior Ambulance; Jon Hockman, DMS; Marv Helmker, LCC; Al DiBrito, Berrien County MCA; Marina Wyrzykowski, MDHHS; Andrew Brown, Medstar; Jason Bestard, Detroit Fire Department; Dr. Jackson, Sparrow Health System; Dr. Nate Hunt, UM; Jason MacDonald, MMR; Paul Hood, Emergent Health Partners; Kali Henderson, attorney; Dr. Bob Domeier, Washtenaw/Livingston MCA; Jeremy Beebe, Osceola County EMS; Dr. Graham Smith, Washtenaw/Livingston MCA; Bobby Hopewell; Brendan Byrne; Ashley Quackenbush, attorney; Walt Hartline, NCMCA; Dr. Harold Moores, NCMCA.

Approval of Agenda: Motion to approve the agenda (Sundberg, Flynn). Motion carried.

Approval of Minutes: Motion to approve the minutes from 11/20/2020 (Sundberg, Flynn). Motion carried.

Communications:

Dr. Edwards went over the suggested procedure for the vice chair vote.

Announcements:**Reminders of upcoming educational opportunities:**

Alyson Sundberg announced the Venetia Bryers Memorial Conference will be held soon. Information will be sent for the Wednesday Update when it is finalized.

Old Business & Committee Reports:

COVID-19 – DET Staff

- Kathy Wahl reported the CHECC is still activated and gave updates on COVID numbers and spoke about positivity rates. Variants are concern are also being watched, but right now there are none reported.
- EMResource indicates statewide PPE supply remains at 60 days and statewide staffing is measured is at 90%, per those agencies reporting. Kathy said she must caveat this report with the fact that not all agencies report. We are hovering in the 60% engagement area. She said she is sharing this because she wants everyone to know that we do look at the data submitted for planning purposes to help anticipate short falls and to try to stay ahead of the need. She said thank you to those agencies who have entered this important information.
- The good news is that vaccines have started and are still being ramped up. The Federal government has not provided the number of vaccines that have been requested and the governor has ordered more. To stay up to date on that information or to find a place for you or your family or friends that are eligible, please go to the [website](#). It can be a bit difficult to find as there is so much information on the site.
- For those of you who were on the EMS call Tuesday, you heard Ken Cummings speak about their experience with monoclonal antibodies in his MCA. EMS has helped with efforts to provide monoclonal antibodies to a few LTC facilities throughout the state.
- As of yesterday, we have not yet identified any of the COVID-19 variants of concern such as the B117 variant that was first identified in the UK. There are other new variants being identified around the world. The Bureau of Labs has a very intensive genomic sequencing unit, and they are monitoring this.
- For the COVID-19 response, they are working on the Ethical Considerations for Scarce Resources document. This was created before H1N1 and needs to be updated. A workgroup is working on this, as well as the EMS annex document.

EMS Systems/Strategic Planning Update – K. Wahl

- Kathy said in March, we will be starting the strategic plan for the next few years. She will be sending out SWOT analysis and packet 30 days prior to the March EMSCC meeting. The plan is to send out questionnaires out by January 20, 2021, with a return date of February 3, 2021 and a packet will be sent out before we meet. More to come on this. Questions, comments, and suggestions can be sent to Kathy at wahlk@michigan.gov.
- Emily Bergquist reported a Stay Well webinar will be held on January 26, 2021. Another book has been started for the EMS Safety Read Along and the MCA subcommittee will be meeting soon to plan the MCA conference.
- Terrie Godde spoke about the recent pediatric webinars that have put on and they will be posted to MI-TRAIN. The monthly webinars will continue in 2021. Program Directors are putting on a one-day mini conference for Instructor Coordinators and Terrie briefly discussed. The Education subcommittee will be asking for a vote about virtual pediatric medication administration education and Terrie spoke about the difficulties in obtaining this credit during the pandemic.
- Johnny Wagner spoke about data. He spoke about a rule change in the validation Schematron and issues that created. They have been meeting with vendors to resolve these issues. Quality improvement measures have evolved and are being approved or retired as needed.
- Kevin Putman reported the education module in licensure is being worked on.
- Dr. Mishra spoke about concerns with COVID-19 and children, such as well-being, MIS-C and abuse. She spoke about EMS reporting. Education has been a major focus and outreach has been successful. She discussed the recent pediatric webinars, as well. CoPEM met yesterday and new workgroups will be formed for different projects. She reported Pediatric Champion recruitment has been successful and they are becoming more engaged. The EMS for Children Survey is live. It can be found at www.emscsurveys.org. Pediatric Champion tool kits have been rolled out. She spoke about collaboration efforts with different areas.
- Sabrina Kerr reported the administrative rules are still working through the process. We have a new staff member starting on January 25, 2021, and her name is Jo Youngblood.
- Community Integrated Paramedicine Presentation-K. Kuhl
 - Krisy gave a presentation and Kathy followed with a closing statement. The presentation is attached to these minutes.
 - Krisy is asking the EMSCC how she should move forward. This will be discussed at the strategic planning meeting in March.
 - Bruce asked if there was an update on ET3. Both Krisy and Kathy said there is not an update. Al DiBrito said Lakeland Heath has been approved as a pilot program and should be receiving information soon.

Emergency Preparedness Update – Dr. Edwards

- Hospitalizations are in a good trend of going down, but hospitals and EMS are still very busy.
- Most of the healthcare coalitions and preparedness programs are participating in vaccination support.
- Dr. Fales gave an update for Project Echo on monoclonal antibodies and Dr. Edwards discussed.
- The state still maintains a PPE emergency cache. The highest demand item is the nitrile gloves. He said healthcare systems are sharing the same concerns. Price increases are also a concern. Supply could be tight throughout 2021.
- A new domestic supplier source for N95 masks is in Ohio. Dr. Edwards discussed the FDA updating non-NIOSH approved PPE alternatives on January 14, 2021.
- Burn Surge training is still being supported and you can go through the healthcare coalitions for it. There are still spots available for the March 23, 2021 class.

Trauma Systems Report – E. Worden

- Trauma activations are ongoing.
- Regional coordinators are working on the new regional applications approved at the last EMSCC meeting.
- A state trauma system annual report has been submitted for MDHHS approval before publishing. Each region has submitted a report, as well.
- A Coordinator opening for Region Three is posted at MPH.I.
- ACS has announced upcoming changes.
- The MCA/Trauma conference is in planning stages.
- They are working on updating the regional PSRO inventory.
- Trauma funding is expected to sunset this year, so discussion is anticipated.

EMS Medical Director Report – Dr. Fales

- Dr. Fales is not in attendance today due to a conflict.

Committee Reports:

- Quality Assurance – Dr. Edwards
 - Dr. Edwards thanked the QATF members for all their work on getting the CIP process to where it is now. There has also been a lot of time spent on EMSCC appeal hearings.
 - **EMSCC APPEAL HEARINGS**
 - **Michael Storms/Scott Rickard, Paramedics vs Oakland County MCA**
 - Dr. Edwards read the QATF's findings. The state staff recused themselves from the deliberation due to previous legal issues.

QATF went through the following points of appeal and provided their conclusion on each:

- 1) **The OCMCA appears to have opened their investigation based on second-hand information in violation of Protocol 8.21.1(VII).**
 - The QATF found this was not supported with what was provided during the hearing or the documents provided.
- 2) **Proper notice of the investigation was not provided.**
 - The QATF found that proper notice was provided, and the documentation supported this.
- 3) **Proper notice of the hearing was not provided.**
 - The QATF found that they cannot validate either side, because the MCA states they tried to follow due process. The providers waived, but claim they did not have notice of another date but did not submit a request to change the date. The QATF cannot substantiate either side on whether this was violated or not.
- 4) **The OCMCA did not issue proper ODAs.**
 - The QATF found that ODAs were issued, but there is not a notice of suspension. Protocols require the notice of suspension to lay out the details. The QATF finds that OCMCA did not follow protocol 8.27.3 IV E (Suspension of Privileges), as written.
- 5) **Following the appeal hearing wherein Appellants presented clear evidence that some of the factual findings made against them were incorrect, the OCMCA refused to correct its factual findings and issued a letter affirming its September 28th letter.**
 - The QATF found they have no basis to make a decision on this.
Motion to make these the QATF findings (Wise, Noel). Approved.
 - **Motion to support the QATF findings (Wilkinson, Sorensen). Approved.**
Kincaid abstained.

○ **David Eastman, Paramedic vs North Central Michigan MCA**

- Dr. Edwards read the QATF's findings:

While the QATF is appreciative of the testimony and points brought by Mr. Eastman and his counsel, the QATF is tasked only with determining if the MCA followed their state approved protocols. The appeal presented the following three allegations:

- 1) **The NCMMCA failed to follow its own due process protocols in revoking Eastman's "privileges".**
- 2) **The NCMMCA failed to provide Eastman with any statutory or constitutional due process of law.**
- 3) **The NCMMCA is estopped from revoking Eastman's "privileges" based on the May 31, 2020 incident because it has already adjudicated them.**

From the information provided, the QATF determined the MCA afforded due process by following the MCA's applicable state-approved protocols. Privileging decisions by an MCA must be based on the protection of the public, and as such, the public health code and NCMMCA protocols (8.25, 8.26, and 8.28) allow for the immediate suspension of privileges. NCMMCA ultimately revoked privileges based not solely on the first incident, but upon the conditions of the probationary period agreement, agreed to by both parties from the initial case, and recurrent violations identified during the required probationary period run reviews.

Motion to make these the QATF findings (Wise, Noel). Approved.

- **Motion to support the QATF findings (Cummings, Kincaid). Approved.**
- Ambulance Operations – M. Nye
 - They did not meet.
- Medical Control Authority – B. Trevithick
 - They did not meet. The next meeting is February 1, 2021 at 10 a.m. to start conference planning.
- Compliance and Licensing – K. Cummings
 - They did not meet.
- Education – K. Wilkinson
 - Virtual Pediatric Medication Administration Practical
 - Kevin Wilkinson presented this to the group. Terrie briefly went over the scenarios, materials required, and the lesson plan. The Education Subcommittee is seeking approval for virtual training of the practical requirement.
 - **Motion to approve (Flynn, Kincaid). Approved.**
- Bylaws-Bruce Trevithick
 - Selection of Chair-**nomination of Dr. Edwards**
 - **Motion to close nominations (Kincaid, Wilkinson). Approved.**
 - Selection of Vice Chair
 - Known interested parties, in alphabetical order:
 - **Ken Cummings**
 - Bill Forbush
 - Bruce Trevithick
 - **Motion to close nominations (Flynn, Sorensen). Approved.**
 - Each party was allotted three minutes to speak on their behalf.
 - Ken Cummings was the winner of the election.
- Data – B. Kincaid
 - They meet every two months and continue to work through the issues with validating. The next meeting is February 11, 2021, at 1 p.m.

- Legislative – B. Trevithick
 - There is no report for today due to the brand-new legislature just starting their session.
- Rural – G. Wadaga
 - They did not meet. The next meeting is Tuesday, January 19, 2021 at 3 p.m.
- Pediatric Emergency Medicine – S. Mishra
 - CoPEM met yesterday. Engagement is increasing. There is nothing to add to what was reported previously in the meeting.
- EMS Safety Ad Hoc – E. Bergquist
 - They did not meet.
- Critical Care Ad Hoc – E. Bergquist
 - They did not meet.
- Community Integrated Paramedicine Workgroup – K. Kuhl
 - There is nothing additional from the presentation previously.

New Business:

Boilerplate Language-Kathy Wahl

- Kathy brought this discussion to the group. The language is below, and Kathy shared it with the group:
 - <http://www.legislature.mi.gov/documents/2019-2020/publicact/pdf/2020-PA-0166.pdf>
 - *Sec. 1184. (1) From the funds appropriated in part 1 for emergency medical services program, the department shall, in coordination with the state emergency medical services coordination committee established under section 20915 of the public health code, 1978 PA 368, MCL 333.20915, medical control authorities, and other emergency medical services organizations, review, revise, and improve the process for the consideration, discussion, announcement, and implementation of any changes proposed by the department for emergency medical services system guidance, guidelines, or protocols. (2) The goal to improve the current process shall be the effective and safe provision of emergency medical services. (3) The revised and improved process shall include, but not be limited to, the following: (a) Increased communication, transparency, and collaboration, to culminate in clarity of, and real-time access to, current department guidance, guidelines, or protocols, and the status of any changes being considered. (b) Formal notification of proposed changes to guidance, guidelines, or protocols from the department to the state emergency medical services coordination committee no less than 30 days prior to implementation. (c) Receipt by the department of a recommendation from the state emergency medical services coordination committee regarding the proposed changes to guidance, guidelines, or protocols before implementation by the department of*

the changes. (4) The department shall provide access and status updates, including any proposed rules being considered through the administrative rules process, to the public on the department's website, which shall be updated by the department on a weekly basis. (5) The department shall report to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies and policy offices, and the state budget director by April 15 of the current fiscal year on the findings of the review and include summaries of actions undertaken to identify, revise, and improve any weaknesses in the current process.

- This language is in the budget language. Kathy said she has been working on creating an annual report. It is mostly done and will be presented at the March EMSCC meeting. MDHHS will take it to the House appropriations subcommittee. She wanted to bring it to EMSCC because they are mentioned in it. Representative Yaroch said he is willing to address the boilerplate language with the EMS Office. He stressed EMS people are doing a great job out there. He hopes we can have some good dialogue about it and move forward.

Public Comment:

- Terrie Godde reported the CE application will be going live on the eLicensing portal on February 1, 2021. Trainings will be held for Instructor Coordinators.
- Angela Madden spoke about the salary survey. MAAS paid for it, but she is not privy to any of the information. She provided a phone number of 517-318-3800 for EMS Survey Team.

Membership Round Table Report:

- Ken Cummings thanked everyone for their support. He said there is an EMS Wage survey out, sponsored by MAAS. Reach out to the MAAS office for further information.
- Bill Forbush congratulated Ken.
- Alicia Sledge reported the NTSB recently had an advocacy update where they provided a safety study regarding lithium batteries. That went out in the Wednesday Update. She spoke about the Michigan Yellow Dot program to assist first responders and information was shared with Kathy. The annual Michigan Traffic Safety Summit will be postponed, and another time is being looked at. Alicia thanked Sabrina for her help with a traffic crash project, including a grant.
- Bruce Trevithick congratulated Ken.

Adjournment: The meeting was adjourned at 11:41 a.m. (Wilkinson, Condino). Approved.

NEXT MEETING: March 19, 2021-location information to be determined.



Community Integrated Paramedicine (CIP)

GRANT #1 2018-2019 (2020)

- Education
- Protocols
- Replication
- Data
- Regulation
- Sustainability



REINVENTING THE WHEEL?

Q: Why can't we just copy successful programs from other states? Why reinvent the wheel?

A: Difference in regulatory structure





THIS MIGHT
NOT FIT

RETRIEVED FROM:
[HTTPS://WWW.REDDIT.COM/R/FUNNY/COMMENTS/8N0F4Y/PRETTY_SURE_THATS_NOT_GONNA_FIT_BRO/](https://www.reddit.com/r/funny/comments/8n0f4y/pretty_sure_thats_not_gonna_fit_bro/)

REGULATIONS AND RESOURCES

Other states (not all)

- One EMS Agency Medical Director per agency
- Agency Medical Director plays a different (bigger) role than in Michigan

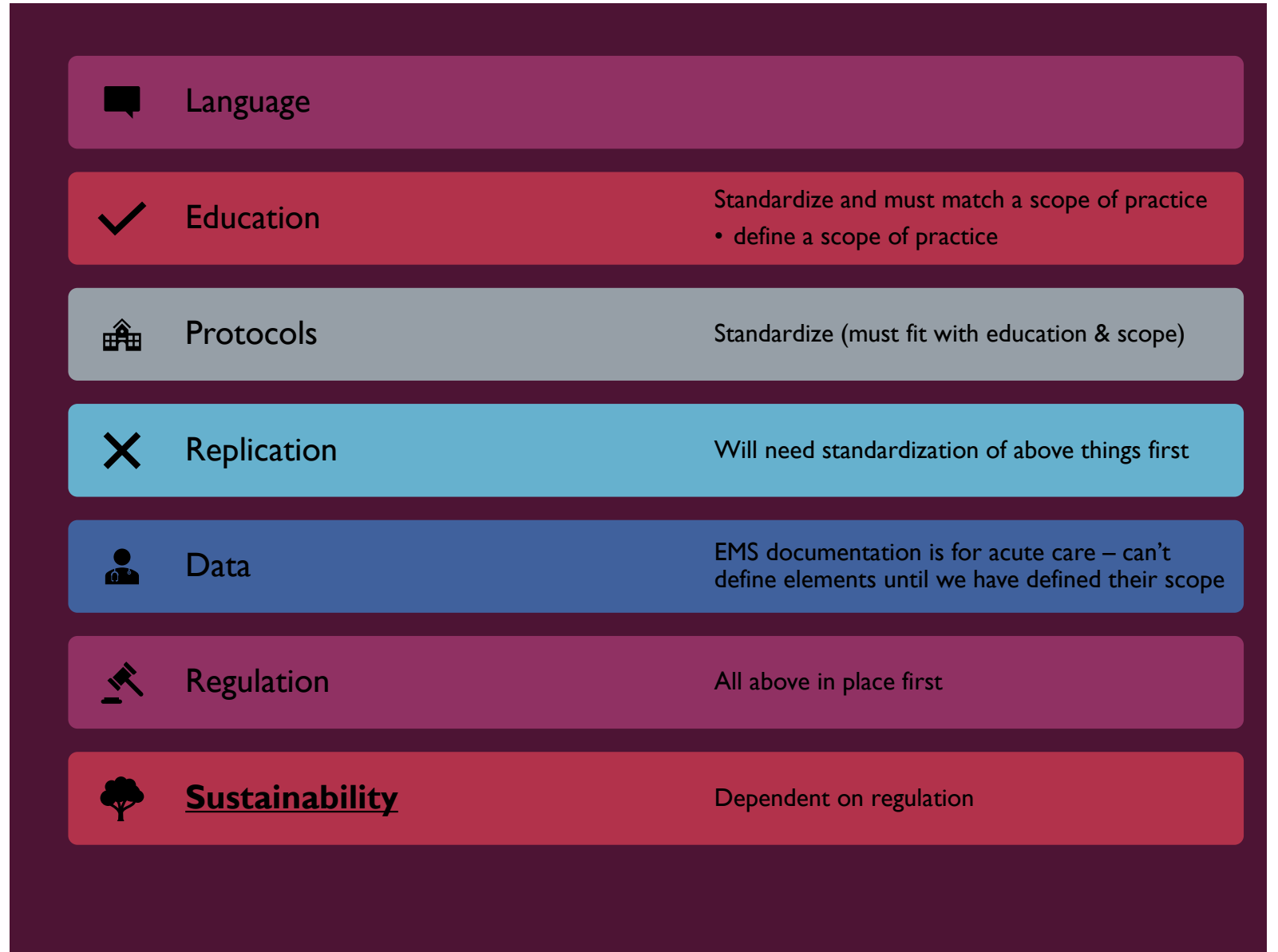


- Michigan Stat EMS Office – 20 people
- AGENCIES – 800 (ALL LEVELS)
 - 220 + Advanced Life Support (ALS)
 - 225-230 Volunteer
- PERSONNEL – 29,000 (ALL LEVELS)
 - 9,000 Paramedics
 - 300 AEMT
 - 13,000 EMT
 - 6,500 MFT
- VEHICLES - 4,500-5,000
- 87 Counties
- 63 Medical Control Authorities
- **63 Physicians to 800 agencies and 29,000 personnel**

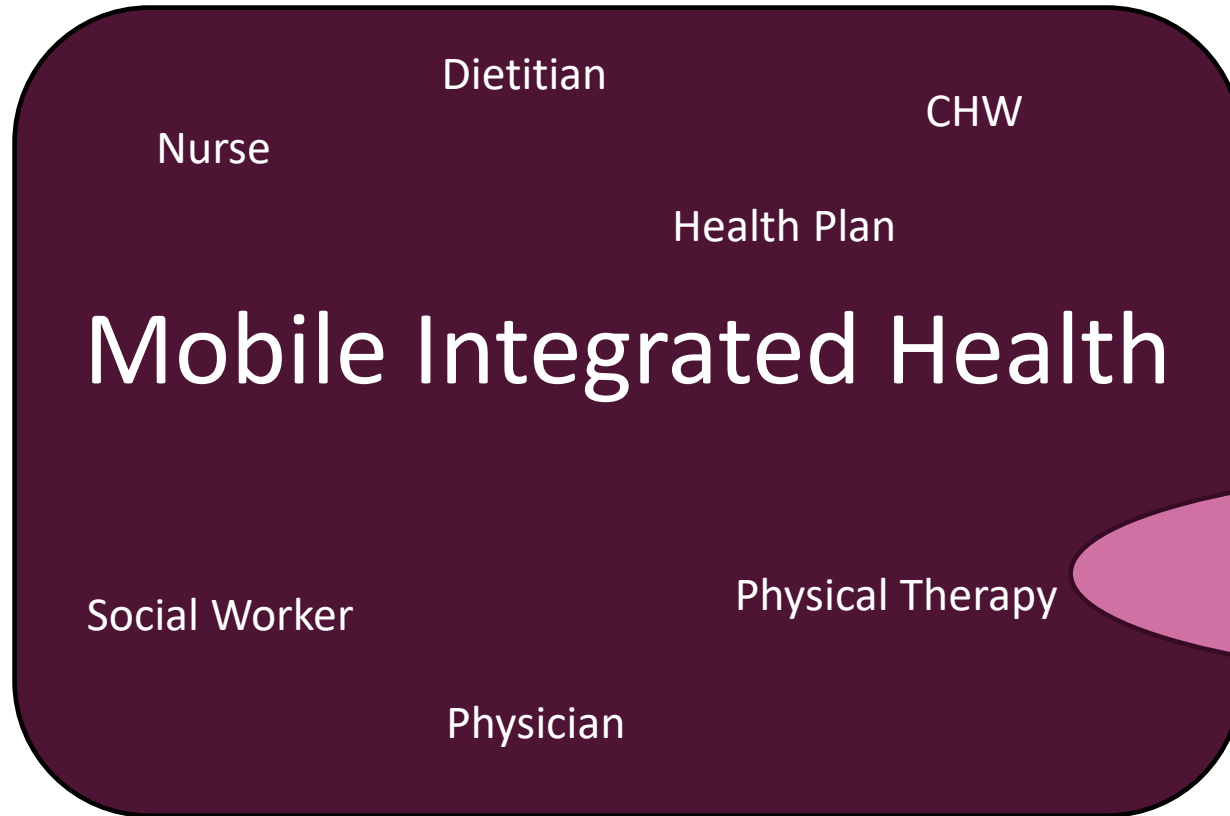
MOBILE INTEGRATED HEALTH (OUTSIDE OF MICHIGAN)

- Will not pretend that I fully understand how each state functions...
- Findings:
 - Not always part of the EMS systems yet able to use paramedics
 - Agency Medical Director is the Medical Director
 - LMSW or LSW on vehicle (municipality)
 - Call centers

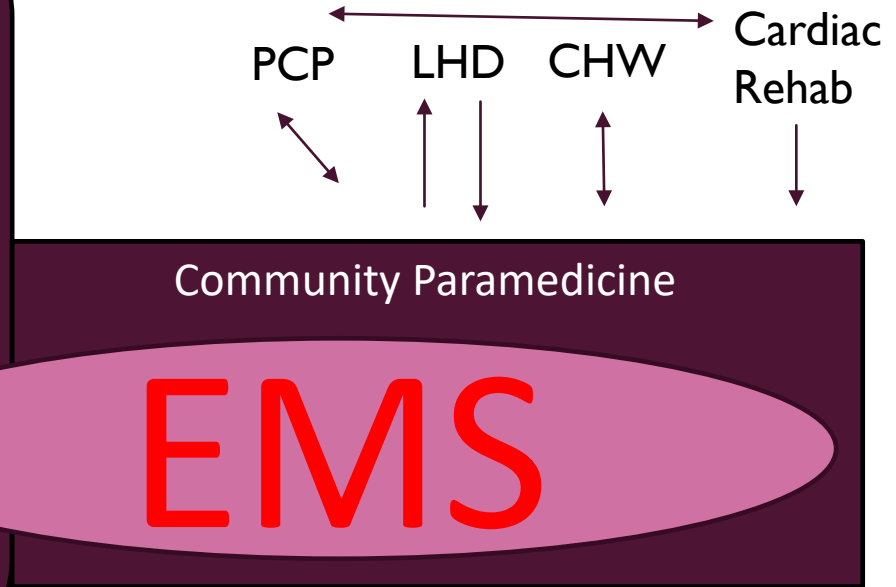
PROCESS FLOW



#1 LANGUAGE COMMUNITY INTEGRATED PARAMEDICINE



Somewhat of a closed system



Heavy on bidirectional referrals

#2 SCOPE AND ROLE

#2.5 STANDARDIZED EDUCATION

- Scope and Role Workgroup: hospital physicians, MCA physicians, EMS providers, CPs, hospitals
 - Current MI CP/MIH programs, national programs, wish list
- Curriculum Workgroup: Educators, ICs, CPs, hospital
 - Created objectives for the scope
 - Place objectives in some semblance of order
 - = Preliminary standardized minimum curriculum

PRELIMINARY STANDARDIZED EDUCATION IMPLEMENTATION

- Huron Valley Ambulance EMS Education (added to their existing)
- Munson – provided clinicals for Hennepin students
 - Began a CP class based on the proposed minimum curriculum
- Lansing Community College
- **TEST** – International Board of Specialty Certification (IBSC)

#3 PROTOCOL SUITE

Correspond with scope and curriculum

Scalable & Interactive

42 Protocols – all QATF approved as of 12.21.20

- Program
- Procedure
- Treatment/Complaint

PROGRAM PROTOCOLS

- 11-01 CIP Program Policy
- 11-02 CIP Medical Director Roles and Responsibilities
- 11-03 CIP Medical Direction
- 11-04 CIP Scope of Service/Treatment Capabilities
- 11-05 CIP Documentation
- 11-06 CIP Program Enrollment
- 11-07 CIP Patient Service Plan/Care Plan
- 11-08 CIP Program Discharge

A LA CARTE

Procedure Protocols

- 11-26 CIP Fall Risk Reduction Assessment
- 11-27 CIP SDOH Assessment
- 11-28 CIP Medication Audit
- 11-29 CIP Feeding Tube
- 11-30 CIP Urinary Catheter
- 11-31 CIP Ostomies
- 11-32 CIP Nasal Packing
- 11-33 CIP Specimen Collection
- 11-34 CIP Point of Care Testing for Blood Analysis
- 11-35 CIP Suture Removal
- 11-36 CIP Otoscope
- 11-37 CIP PICC Access
- 11-38 CIP Vaccinations
- 11-39 CIP Naloxone Leave Behind
- 11-41 CIP Naloxone Medication Kit Contents and Distribution

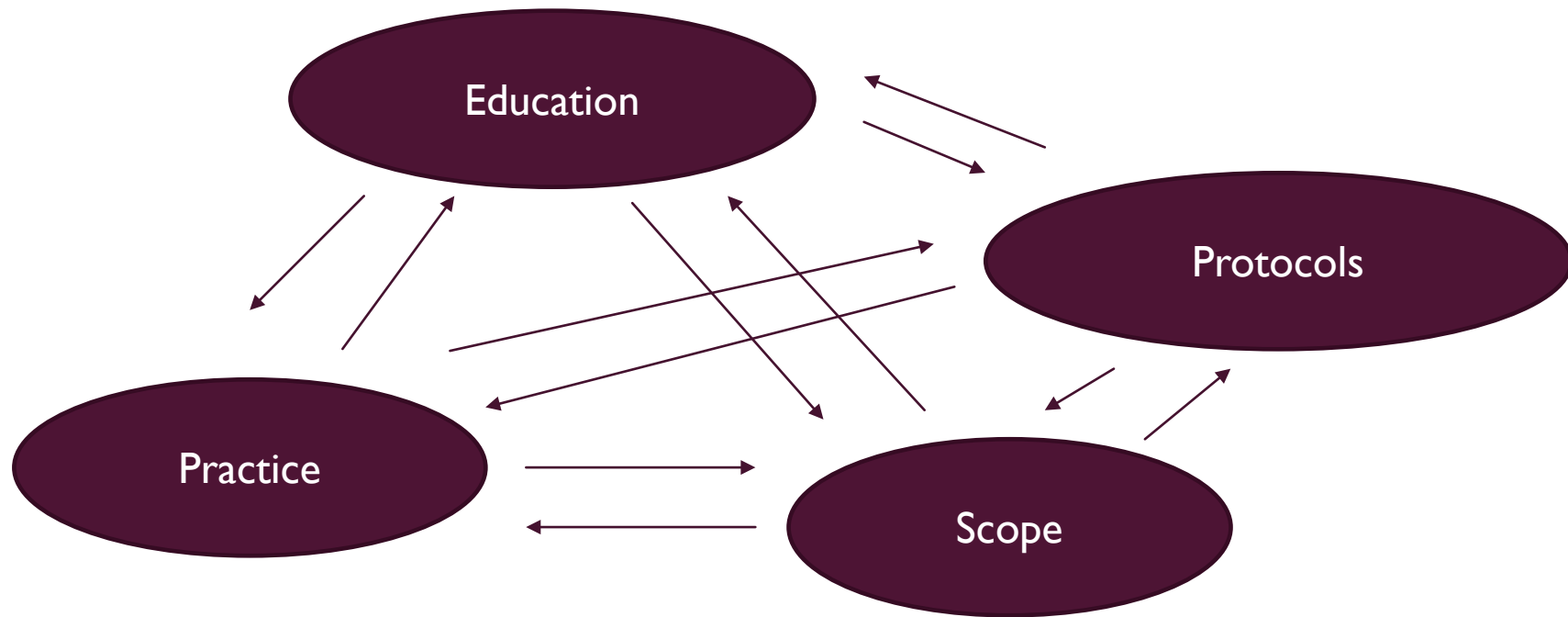
Treatment Protocols

- 11-50 CIP Patient General Assessment and Care
- 11-51 CIP Diabetic Care
- 11-52 CIP Asthma Care
- 11-53 CIP Chronic Obstructive Pulmonary Disease Care
- 11-54 CIP Congestive Heart Failure Care
- 11-55 CIP Chronic Hypertension Care
- 11-56 CIP Post MI or Cardiac Intervention Care
- 11-57 CIP Post Orthopedic Surgery Care
- 11-58 CIP Post Stroke Care
- 11-59 CIP Prenatal Care
- 11-60 CIP Mother/Infant Postpartum Care
- 11-61 CIP Sleep Apnea Care
- 11-62 CIP Wound Care
- 11-63 CIP Substance Use Disorder Care

Treatment Protocols: Complaints

- 11-75 CIP Skin Rash Complaints
- 11-76 CIP Urinary Complaints
- 11-77 CIP Gastrointestinal Complaints
- 11-78 CIP Suspected Respiratory Infection Complaints
- 11-79 CIP Sore Throat Complaints
- 11-80 CIP Nontraumatic Nosebleed Co

EVALUATION PHASE



#4 PROGRAM REPLICATION

- Similar Education (MDHHS approved) – much of our funding went here
- Special Study Application – template for CIP programs
- Process of protocol selection and QATF approval

#5 DATA

- EMS documentation is not geared toward MIH/CP care
- Data collected should be related to the deliverable (scope & role/protocols)
- Definitions need to be universal (or at least state-wide)
- 17 vendors for EMS documentation in the state of Michigan (ESO, Stryker, Zoll, ImageTrend, etc.)
 - All into ImageTrend (repository)
 - Mapping and acceptance matter
- **Carryover Objective

#6 REGULATORY

- Special Study - 3 years – adopt, extend, or reject
- Endorse, certify, license
 - All three pose barriers but licensure appears to be the easiest and the most sustainable route
 - Allows integration into the EMS system
- **Carryover objective

#7 SUSTAINABILITY

- The final piece
- Currently – contracts between a program and a payer
- Payers know it works and it will save them money
 - ET3
- Statewide partners from MDHHS are interested
- ****Carryover objective**

GRANT #2 2020-2021 (SPRING OF 2022)

INFRASTRUCTURE

- Education Infrastructure
- Data Infrastructure
 - Health Information Exchange (HIE)
- Regulatory Infrastructure
- SUSTAINABILITY

EDUCATION

- **Plug and Play Huron Valley Ambulance EMS Education (plus)**
- Accessible
 - Rural
- Affordable
 - Areas that are most in need have the least access
 - Classes will be smaller
- IDEAS
 - Virtual
 - Simulations
 - Not tied to a paramedic class

DATA

- Custom Elements
- Vendor agnostic
- Repository
- Meaningful and useful

HIE

- Health Information Exchange (HIE)
- Great Lakes Health Connect merged with Michigan Health Information Network
- New and improved MiHIN
 - VIPR now MI Gateway
 - Use Case

SUSTAINABILITY

- Public education
- Decision maker education
- Payer education
- Grant # | Publications and Presentations

WHAT COMMUNITY PARAMEDICINE IS NOT

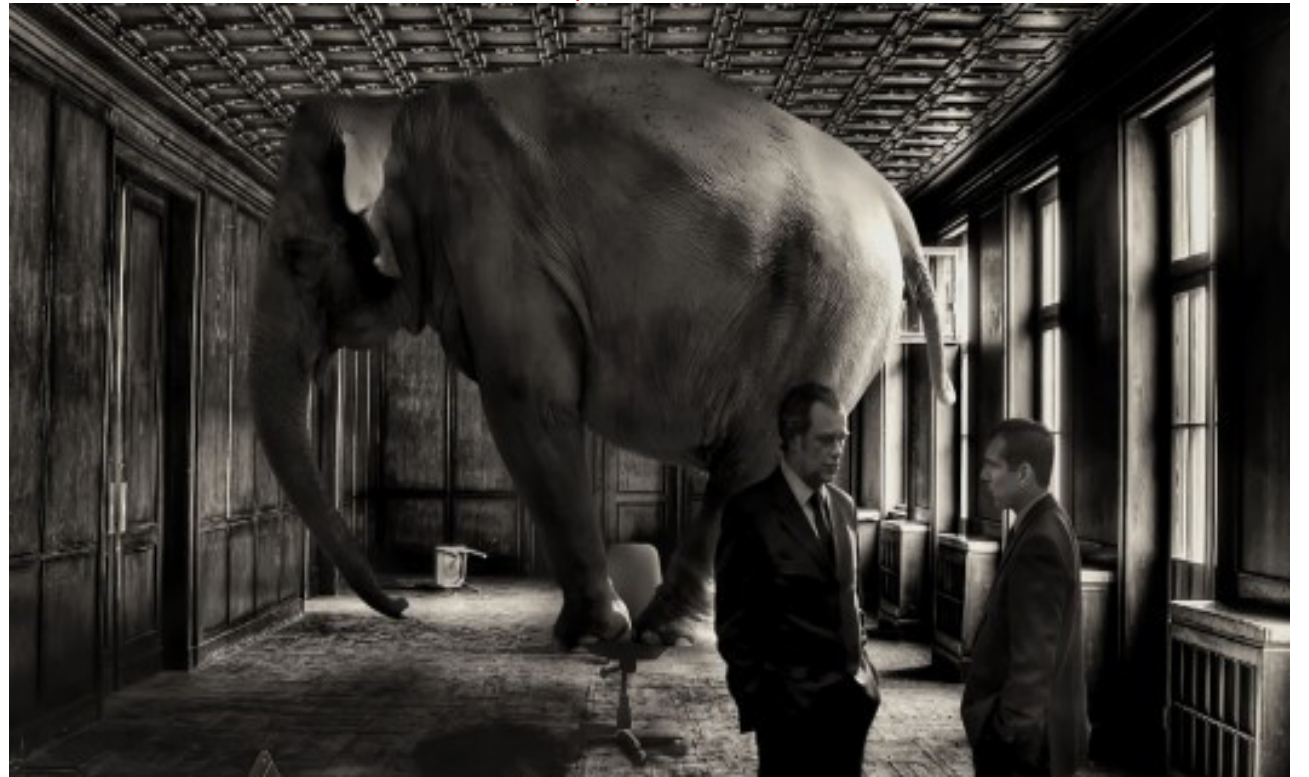
-
- An answer for everything
 - Duplication or competition of established services
 - A good idea for everyone

WHAT COMMUNITY PARAMEDICINE IS

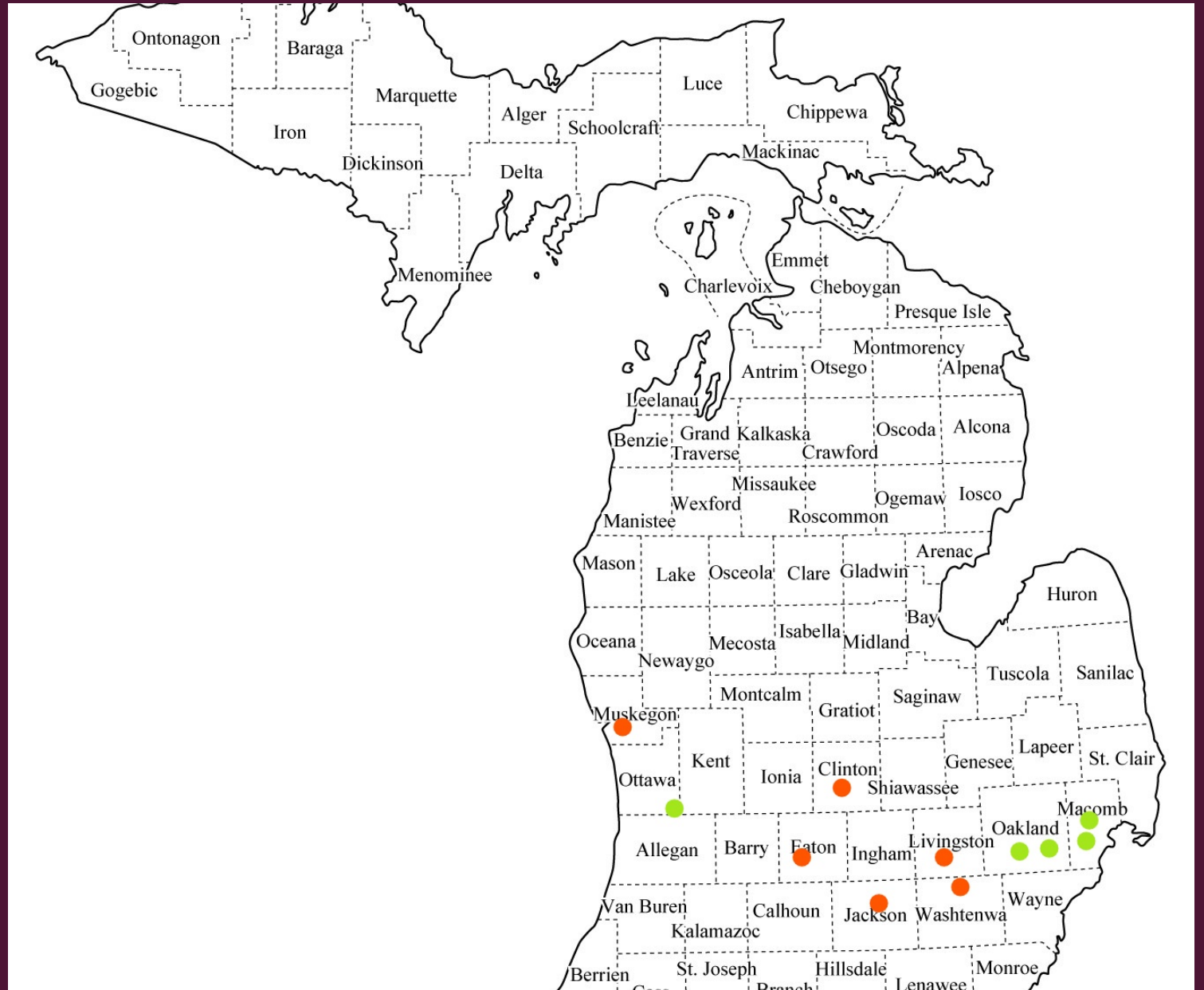
- Gap filler
- Utilization of an untapped resource (EMS)
- More time consuming than an EMS call
- Maybe a way to help ourselves

HELPING OURSELVES WHILE WE HELP OTHERS

- Staff, wage, truck, time
 - Return on Investment (ROI)
 - I challenge you to think differently about this. (Time on task for non billable services)
- Compassion fatigue/burn out
 - We are human and we are not all built the same
- Sitting point/system status management
 - Utilization vs. me being asleep

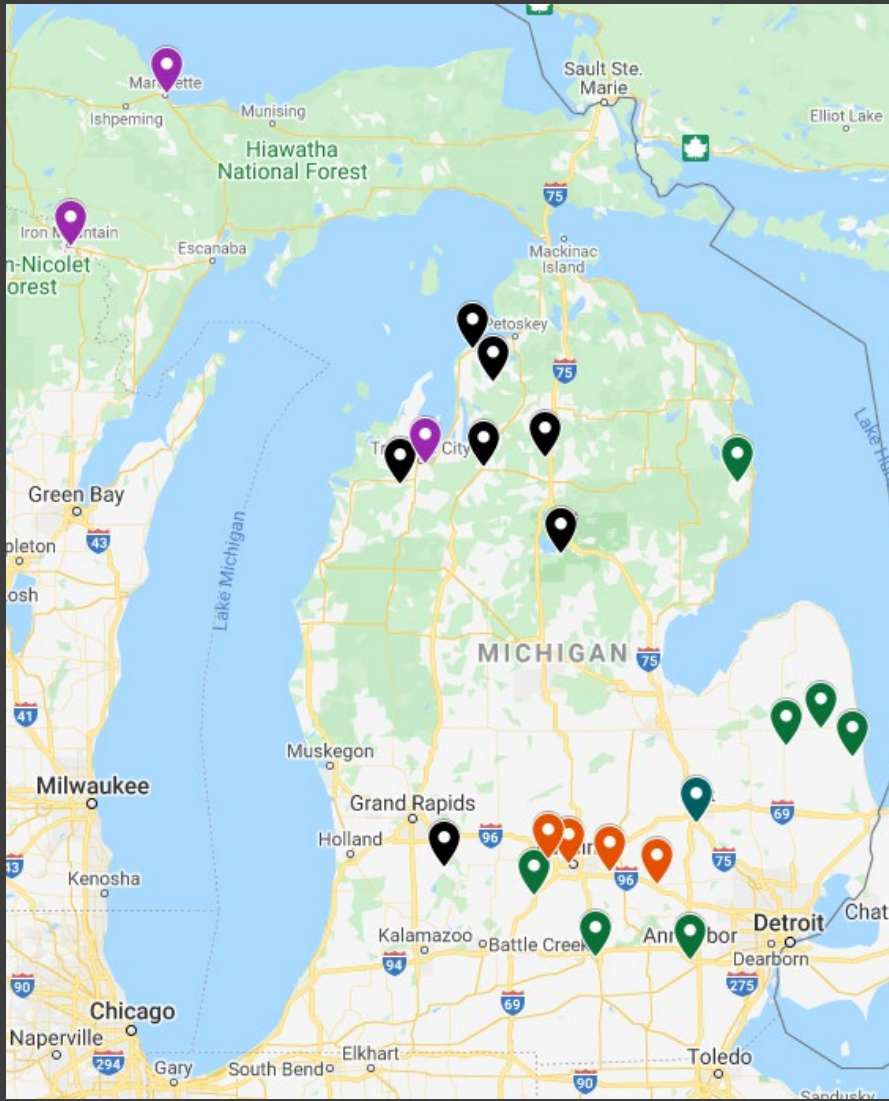


WHERE WE STARTED



...AND THEN THIS HAPPENED





CP Programs

Where we are now

Green – Running
Black- March?
Purple-2021
Orange-LCC

COMMUNICATION, COLLABORATION, TRANSPARENCY

- **COMMUNITY INTEGRATED PARAMEDICINE (CIP) UPDATE – KRISY KUHL:**

- **Community Integrated Paramedicine (CIP) Monthly Virtual Assembly**

The monthly Community Integrated Paramedicine (CIP) meetings will reconvene next week with the new name of CIP Monthly Virtual Assembly.

- Please mark your calendars:

Date: Third Thursday of every month 9 a.m. - 12 p.m.

Platform: Microsoft Teams meeting

- **Join on your computer or mobile app**

[Click here to join the meeting](#)

Or call in (audio only)

+1 248-509-0316

Phone Conference ID: 843 967 318#

- January's meeting will consist of recapping 2020 accomplishments and discussing the strategic plan moving forward. Future meetings will include the following as available and the order is subject to change:

- MDHHS CIP Briefing/update
- Program Highlight (get to know one of the Michigan programs)
- Topic of Interest (i.e., billing, education, state-wide partners)
- Office Hours (availability for questions, technical assistance, etc.)

WEBSITE UPDATES

Education/curriculum

Protocol suite

**Special study application

Program profiles

Toolkit/Partner information

Several MDHHS programs (incorporate into the monthly virtual assembly)

HOW TO MOVE FORWARD ?

- **Goal Completion Date: March 01, 2022**
- EMSCC Strategic Planning Meeting – March 2021 (tentative)
 - Discuss with your constituents
 - Please don't hesitate to reach out with questions

Kristine Kuhl, Paramedic, I/C, BA, MA
Community Integrated Paramedicine Coordinator
Division of EMS and Trauma
Bureau of EMS, Trauma and Preparedness
Michigan Department of Health and Human Services

Mobile: 517-582-5155

